

Devils Lake Outlet Mitigation Application Form

Project # 416-1

PART A - (Applicant must fill out items 1-6)

1) Applicant name(s): _____

Social Security Number: _____

Address (Street, City, State, Zip): _____

Phone: _____

Cell phone: _____

2) Application date: _____

3) Location of problem(s) (sec/twp/rg, provide map if available): _____

4) Date problem occurred (from-to): _____

5) Describe the problem, including: structures damaged, acres affected, or bank footage lost: _____

6) Description of problem (Please attach any additional information such as photographs or maps that will describe your claim): _____

PART B - (This portion to be filled out by SWC staff)

7) Decision and explanation of the State Water Commission regarding claim:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

8) Application reviewed by: _____

9) Date of SWC decision: _____

10) Date of landowner notification: _____

11) Name of Water Resource District notified: _____

12) Date of Water Resource District notification: _____